

# DIRECT DEPOSIT/EFT ENROLLMENT & CHANGE FORM

## 1. GENERAL INFORMATION

SSN: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Work: (     ) \_\_\_\_\_

Home: (     ) \_\_\_\_\_

E-mail: \_\_\_\_\_

## 2. EFT PAYMENT TYPE (check one)

☐ Scholar Payment Request    ☐ Other

*ADMINISTRATIVE USE ONLY*

Scholar/Vender No: \_\_\_\_\_

## 3. EFT ACTION (choose one action & complete appropriate box)

**3a. Start** ☐

Effective date \_\_\_\_/\_\_\_\_/\_\_\_\_

**3b. Cancel** ☐

Effective date \_\_\_\_/\_\_\_\_/\_\_\_\_

**3c. Change current account** ☐

Effective date \_\_\_\_/\_\_\_\_/\_\_\_\_

(Please furnish new account information in section 4)

## 4. DIRECT DEPOSIT/EFT ACCOUNT INFORMATION

NOTE: Please ***attach a voided check*** to help us verify account information. Contact your bank for help in completing this form.

FINANCIAL INSTITUTION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: (     ) \_\_\_\_\_ **(REQUIRED)**

ROUTING TRANSIT NUMBER: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

## 5. AUTHORIZATION

Privacy Act Statement: The collection of the information you are requested to provide on this form is authorized under 31 CFR § 209 and/or § 210. The information is confidential and is needed to prove entitlement to payments. The information will be used to process data from GSA to the financial institution and/or its agent.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Tape VOIDED check here.**